

**CITY OF UNIVERSITY HEIGHTS
DEPARTMENT OF POLICE**

Public Records Request Form

While not mandatory, if you fill out this form, it will help us provide the public records you are requesting in a more timely fashion.

Name of Requestor _____
Street Address _____
City _____ State, Zip _____
Phone Number _____ Today's Date _____

With as much specificity as possible, please describe what records you want to review. PLEASE PRINT.

University Heights Police Department provides photocopies of public records at \$.05 per page; photos on CD's for \$1.00, or copied to another medium is actual cost. All requests require advance payment.

Number of copies requested @ \$.05 per page _____ Total fee: \$ _____

Copies of other materials (video tape, CD, DVD, etc.) _____ Total fee: \$ _____
See schedule for applicable fees.

Receipt number _____ Total fee: \$ _____

Record(s) not available:

- _____ Record has never been maintained by this police department
_____ Record is no longer maintained or has been disposed of or transferred pursuant to RC-2.
_____ Record has been disposed pursuant to an application of One-Time Records Disposal RC-1.
_____ Record is prohibited from release due to an applicable state or federal law.

Record provided is not in the form of a paper document.

_____ Video tape _____ CD/DVD _____ Other (Please Specify)

Record is prohibited or exempted by law:

- _____ Record has been forwarded to legal counsel for research/review.
_____ Record has been reviewed and release has been denied by legal counsel.
_____ Record has been reviewed by legal counsel and records are to be released.
Record has been reviewed and contained non-releasable material.
_____ Upon review, non-releasable material has been redacted.
_____ Releasing employee has noted the date, initials, and name of the requestor on a copy of the reproduced page.

Name of UHPD employee handling request _____
Date request was completed _____